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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effectiv Fees pursuant to the Consolidat		Complete If Known									
					Application Number 09/845,512			CENTRAL FAX COM			
FEE TRANSMITTAL				Filing D	ate /	April 30, 2001		-CEIGHT	<del>-eminal fax cen</del> ii		
for FY 2005			First Named Inventor		Kei Roger AOKI		MA	R 0 1 200			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Robert Clinton Haye						
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			Art Unit	Art Unit 1549							
			Attorne	y Docket No.	08 CON2 (BOT)]						
METHOD OF PAYMENT	(check	all that apply)									
☑ Check ☐ Credit Care	і 🗆 м	ioney Order	] None 🔲	Other (	please identify)	:					
Deposit Account Depo	sit Acco	unt Number: 50	-1275		Deposit Accou	nt Name: Coz	en O'Connor				
For the above-ide	ntified de	posit account, t	he Director is	hereby	authorized to: (c	heck all that ap	oply)				
Charge fee	(s) indica	ited below			☐ Charge	e fee(s) indicate	ed below, exc	ept for th	e filing fee		
Charge any	addition	al fee(s) or und	erpayments	of fee(s)		any overpayme	ents				
Under 37 C WARNING: Information on this	<b>CFR 1.16</b>	and 1.17						cradit can	a		
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FEE CALCULATION											
1. BASIC FILING, SEA											
	FILING	FEES Small Entit		EARCH			ATION FEE				
Application Type	Fee (\$			ee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entition Fee(\$)		s Paid (\$)		
Utility	300	150	50		250	200	100				
Design	200	100	10	Ю	50	130	65	_	<u> </u>		
Plant	200	100	30	Ю	150	160	80		<u> </u>		
Reissue	300	150	50	00	250	600	300		<u> </u>		
Provisional	200	100		0	0	0	0	_			
2. EXCESS CLAIM FEI	ES							<u>Smal</u>	I Entity		
Fee Description							<u>Fee (\$</u>		ee (\$)		
Each claim over 20 (inc							50		25		
Each independent claim Multiple dependent clair		ncluding Reiss	nes)				200 360	-	100 180		
Total Claims		Claims	Fee(\$)					ultiple Dependent Claims			
20 or HP=		x					Fee		Fee Paid (\$)		
HP = highest number of to	tal claims	pald for, if greate	r than 20.					_			
<u>Indep. Claims</u>	Extra	Claims	<u>Fee(\$)</u>	<u>Fee</u>	Paid (\$)						
3 or HP=	. —	x		= _							
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<ol><li>APPLICATION SIZE If the specification and dr</li></ol>		vosed 100 ches	ste of noner (	evoludio	a alectronically	filed commence	or computer	-			
listings under 37											
sheets or fraction	thereof.	See 35 U.S.C.	41(a)(1)(G) s	and 37 C	FR 1.16(s).	• •					
	Extra S				<u>itional 50 or f</u>		eof <u>Fee (\$</u>		Pald (\$)		
100 =	·	/ 50 =	(rc	und up	to a whole nu	mber) x		=			
4. OTHER FEE(S)								<u>Fees</u>	Paid (\$)		
Non-English Spec			small entity	discount)	)				-		
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- Petition f	or Extensi	on of Time (3-m	onth)					\$1020.	.00		
SUBMITTED BY		<u></u>									
Signature		V-			Registration No. (Attorney/Agent)	46,957	Telep	hone	215-665-2158		
					( madition in the party						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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F10/30/1/ (12-0492)

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Eff Fees pursuant to the Cons	fective on 12/0 olidated Appro	8/2004. priations Act. 20	105 (H,R. 4818).		Comple	te if Known	BECENA		
FEE TRANSMITTAL				Application Number 09/845,512			CENTRAL FAX		
				Filing Date	April 30, 2001				
for FY 2005			First Named Inventor	Kei Roger AOKI		MAR 0 1			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Robert Clinton Hayes						
TOTAL ANGUNIT OF DAVIDENT AND A SECOND		Art Unit 1649							
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00				Attorney Docket No. D2935CON [17006 CON2					
METHOD OF PAYME	ENT (check	all that appl	y)						
☐ Check ☐ Credit	Card 🔲 N	Ioney Order	□ None □	Other (please ident	ify) :				
Deposit Account [	Deposit Acco	unt Number: 5	0-1275	Deposit Ac	count Name: Coz	en O'Connor			
For the above	⊢identified de	eposit account	, the Director is	nereby authorized to	o: (check all that a	pply)			
🔀 Charge	fee(s) indica	ated below		Ch	arge fee(s) indicat	ted below, exce	pt for the filing fee		
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Under WARNING: Information or information and authorization	37 CFR 1.16 In this form ma Ition on PTO-	ay become pub	lic. Credit card in	ormation should not	t be included on this	s form. Provide c	credit card		
FEE CALCULATION			·			·			
1. BASIC FILING, S			ATION FEES				· · · · · · · · · · · · · · · · · · ·		
	FILING	S FEES Small Ent		ARCH FEES		NATION FEES			
Application Type	Fee (\$		<u>uty</u> Fee	<u>Small Ent</u> (\$) Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees <u>Pald</u> (\$)		
Utility	300	150	500		200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	<del>-</del>	160	80	<del></del>		
Reissue	300	150	500		600	300	<del></del>		
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	FEES					<b>5</b> - (0)	Small Entity		
Fee Description Each claim over 20 (	(including R	eisares)				<u>Fee (\$)</u> 50	Fee (\$) 25		
Each independent cl			ssues)			200	100		
Multiple dependent	claims	_	•	Fee Paid (\$)			180		
Total Claims		<u> Claims</u>	<u>Fee(\$)</u>				e Dependent Claims		
20 or H	·· —	<b>X</b>	=	_		Fee (	\$) Fee Paid (\$)		
HP = highest number Indep. Claims		s paid for, if grea <u>LCIalms</u>	ter than 20. Fee(\$)	Fee Paid (\$)					
- 3 or H		X X	<u> </u>	ree Palu (\$)					
HP = highest number		^	r, if greater than 3						
3. APPLICATION SI									
If the specification an	d drawings o	exceed 100 sh	ects of paper (er	cluding electronics	ally filed sequence	e or computer			
listings under	37 CFR 1.5	2(e)), the appl	ication size fee	due is \$250 (\$125)	for small entity) fo	or each addition	nal 50		
Total Sheet	ion inereor. S Extra !	See 33 U.S.C Sheets N		d 37 CFR 1.16(s). h additional 50 c	or fraction then	eof Fee (\$)	Fee Paid (\$)		
	<u>2 = 2110.</u>			nd up to a whole		<u> </u>	= =		
4. OTHER FEE(S)				p aoio			Fees Paid (\$)		
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SUBMITTED BY									
Clearture		0~		Registration No			4.5.44.4.4		
Signature		<u> </u>		(Attorney/Agent	1) 46,957	Telepho	ine 215-665-2158		

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FROM: Quan L. Nguyen TIMEKEEPER NO .:

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March 1, 2006

FILE #:

180830

RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	Robert Clinton Hayes	571-273-8300

Docket No.

D2935CON (17007CON2 (BOT))

ALLE0047-101/180830

In re application of: K. Roger Aoki, et al.

Serial No.:

09/845,512

Filed: April 30, 2001

For: TREATMENT OF NEUROMUSCULAR DISORDERS AND CONDITIONS WITH

BOTULINUM TOXIN TYPES A AND E

Group Art Unit:

1659

Confirmation No.: 3427

## Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Petition for (3-month) Extension of Time (2 pages)
- Request For Reconsideration (9 pages)
- Schiavo et al. (4 pages)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL [215.665.2000] or [800.523.2900] IMMEDIATELY.

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PTU/SB/21 (09-04)
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		Application Number		09/845,51	2			<b>VED</b>
TRANSMITTAL FORM				<u> </u>		CENTRA	FAX	CEN
		Filing Date		April 30, 2		MAR	0 1	2000
	First Named Inven	tor	K. Roger	AOKI				
		Art Unit		1659		** ***		
(to be used for all correspondence		Examiner Name			nton Hayes			
Total Number of Pages in This Sub	omission	Attorney Docket N	umber	D2935CON	[17007CON2	(BOT)	,	
	ENÇLO	OSURES (check all tha	at apply)					
Fee Transmittal Form	☐ Drawing(	s)		After All	owance Commu	nication to TC		
Fee Attached	Licensing	-related Papers			Communication			
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Amendment / Reply				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
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Information Disclosure Statem	ent 🔲 Lai	ndscape Table on CD						
Certified Copy of Priority Document(s)	Remarks							
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under 37 CFR1.52 or 1.53	3							
	SIGNATURE OF	APPLICANT, ATTOI	RNEY, O	R AGENT			1	
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Signature	10							
Printed Name	Quan L. Nguye	ın.						
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Hereby certify that this correspo Service with sufficient postage a Alexandria, VA 22313-1450 on the	as first class mail i	in an envelope addres	ne USPTO ssed to: C	or deposited commissioner	with the United for Patents, P	States Postal .O. Box 1450,		
Signature	12	-					7	
Typed or printed name Quar	n L. Nguyen			Date	March 1, 2006		<mark>フ</mark>	

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